

State of Idaho  
Department of Water Resources  
**DRILLER/OPERATOR COMPANY TRANSFER**

If you are no longer working for the company identified on your current Driller's or Operator's card, you are required to return it to the Department. If you are transferring to a different company, please complete the transfer request form (238-1B) and return it with your current card to the Department and a new card will be issued to you under the appropriate company license. Transfer requests and obsolete cards can be mailed to:

Idaho Department of Water Resources  
Attn: Licensing Coordinator  
PO Box 83720  
Boise ID 83720-0098

**SECTION A: TO BE COMPLETED BY TRANSFERRING APPLICANT**

Driller/Operator Name (please print) \_\_\_\_\_

Card Holder Number (from your permit card) \_\_\_\_\_ Former Company License Number: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (as it will appear on Driller Reports)

**SECTION B: TO BE COMPLETED BY PRINCIPAL DRILLER OF NEW COMPANY**

Name of Drilling Company Employing Applicant: \_\_\_\_\_

Drilling Company License No.: \_\_\_\_\_

Principal Driller of Company: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

I CERTIFY THAT I will ensure that I and all other drillers and operators under my supervision will follow State Rules and Regulations (IDAPA) I certify that this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PD (as it will appear on Driller Reports)